

HOSPITAL STATEMENT OF COST
South Dakota Department of Social Services

MAR 09 2012

**PROVIDER
REIMBURSEMENT AND AUDITS**

Effective Date: April 9, 2012

This form is authorized by SDCL 28-13, and hospitals are required to file the completed form with the Department of Social Services at least annually to participate under the County Poor Relief Program.

Name of Hospital: Avera Queen of Peace

Address: 501 North Foster, Mitchell, SD 57301

Period covered by statement: July 1, 2010 - June 30, 2011

NOTE: SDCL 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretary of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL 28-13-31. No statement of costs, or amendment thereto, may take effect until approved by the secretary of social services and the expiration of thirty days from the filing thereof, and thereafter, for purposes of this chapter, shall remain in full force and effect until the next statement of costs, or amendment thereto, filed by the hospital pursuant to 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners.

DEPARTMENTAL LISTING	Column A - Cost (Per Medicare Cost Report)	Column B - Charges (Per Medicare Cost Report)	Ratio of Cost to Charges Column A Divided by Column B	
INPATIENT ROUTINE SERVICE	6,401,697	9,096,596	0.703746	✓
NURSERY	501,813	914,420	0.548777	✓
NURSING CARE				
Nursing Home	5,703,162	5,874,060	0.970906	✓
Psych Unit				
Rehab Unit				
SPECIAL CARE				
Intensive Care Unit	1,516,529	2,871,126	0.528200	✓
Coronary Care Unit				
Intermediate Care Unit				
Acute Care Unit				
Burn ICU				
Neonatal ICU				
NURSERY CARE				
ANCILLARY SERVICE	30,270,351	110,553,980	0.273806	✓
DURABLE MEDICAL EQUIP	312,709	621,095	0.503480	✓
OBSERVATION BEDS	722,495	1,154,833	0.625627	✓
HOME HEALTH AGENCY	853,593			
RHCs		-		

Please complete the reverse side of this form.